



CALIFORNIA STATE ATHLETIC COMMISSION  
 2005 Evergreen St. STE. 2010  
 SACRAMENTO, CA 95815  
 INTERNET: [www.dca.ca.gov](http://www.dca.ca.gov)  
 (916) 263-2195 FAX (916) 263-2197



## Promoter Original Application

- ☐ **Profession License Fee \$1,000**      ☐ **Amateur License Fee \$250**
- ☐ **Boxing**      ☐ **Kickboxing**      ☐ **Mixed Martial Arts**

**The following items must be included with the application or it will be returned.**

- ☐ **1 Photo of each applicant**      ☐ **Personal Resume of each applicant**  
☐ **Copy of Form BCII 8016**      ☐ **Bond / Assignment of Savings Account**  
☐ **Financial Statement of each applicant**      ☐ **Articles of Incorporation / Minutes (if applicable)**

1. Name of Applicant: \_\_\_\_\_

2. ☐ Sole Proprietor      ☐ Corporation      ☐ Partnership      ☐ Other

3. Doing Business as (Name of Club): \_\_\_\_\_

4. Social Security Number(s) or  
 FEIN(S): \_\_\_\_\_  
 (If applicant is sole proprietor or partnership--does not apply to corporation)

5. Business  
 address: \_\_\_\_\_  
 \_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

6. Business Telephone #: \_\_\_\_\_

7. Home Telephone  
 #: \_\_\_\_\_

8. FAX #: \_\_\_\_\_

9. E-mail Address: \_\_\_\_\_

**OFFICE USE ONLY**

License #: \_\_\_\_\_

Amount Received \$: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Check Number : \_\_\_\_\_

Receipt #: \_\_\_\_\_

Approve for License: \_\_\_\_\_

10. If the promoter is a corporation, complete the following for the officers:

Name:

Address:

Telephone Number:

President: \_\_\_\_\_

Vice-president: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Directors or Trustees: \_\_\_\_\_

Shareholders not named who own 10% or more of shares: \_\_\_\_\_

11. Number of shares of corporation: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Where was certificate filed: \_\_\_\_\_

**Attach a copy of articles of incorporation, bylaws and minutes from first meeting designating officers and the partnership agreement.**

12. If the promoter is a partnership, list all general and limited partners:

Name:

Social Security Number/FEIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name of matchmaker:

\_\_\_\_\_

14. If promoter applicant is planning to act as matchmaker, list matchmaking experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**15. Does matchmaker own a part of the club/promotion (e.g. Shareholder, partner, etc.): ☐ Yes ☐ No**

If answer is yes, what interest does he/she own?

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Give details of financial agreements with your matchmaker: State whether he/she receives a flat salary or a percentage of net profit or gate receipts. \_\_\_\_\_

\_\_\_\_\_

**If he/she is under contract to the club, submit a copy of the contract.**

17. List names and addresses of all persons connected with you as a promoter (other than employees) and all financial backers of your club and describe their connection or relationship to you and financial arrangements with them:

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**If there is a contract, submit a copy.**

List all shareholders, bondholders, mortgagees and any other person who is connected with your club (other than as an employee) or who has an ownership interest in your club or who will share, directly or indirectly, in the proceeds or profits or bear any of the losses in connection with the management, operation or conduct of the club/promoter. List all persons on reverse side.

18. I agree to promptly advise the commission in writing of any change in the list of persons named above who may have a financial interest in the club/promoter or in the legal organization of the club/promoter.

19. Give three (3) financial references: (include bank reference)

Name

Address

Telephone Number

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20. Does any boxer, manager, or other boxing participant have a financial interest in the club/promoter or in any of its promotions, or is any such individual under any contractual obligation to the club/ promoter?

☐ **Yes** ☐ **No** (if answer is yes, indicate individuals name(s) and

explain \_\_\_\_\_

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21. Has any individual, director, officer, or partner applying for this promoter license ever previously applied for or obtained a promoter license in the state of California? ☐ **Yes** ☐ **No** If yes, when: \_\_\_\_\_

22. Has any person applying for this promoter license (including officers or principal stockholders) ever been convicted of any offense other than minor traffic violations? ☐ **Yes** ☐ **No** (You must answer yes even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under section 1203.4 of the penal code.) If answer is yes, explain and attach copy of conviction:

\_\_\_\_\_

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23. Has any person applying for this promoter license ever been denied, disciplined, fined, suspended or revoked by any athletic commission? ☐ **Yes** ☐ **No** If answer is yes, explain: \_\_\_\_\_

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24. If you are an amateur promoter applicant, are you a non-profit organization? ☐ **Yes** ☐ **No** If answer is yes, provide certified copies of documents that you have filed with the Secretary of State and the Department of Justice's Registry of Charitable Trusts.

25. Has any individual applying for this promoter's license ever used any other name(s)? ☐ **Yes** ☐ **No** If answer is yes, list name(s):

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Authority to provide the commission with information requested on this application is established pursuant to sections 18640, 18641, 18660 and 18665 of the business and professions code. This information is mandatory and will be used to determine if the applicant meets the requirements for licensure. **Failure to provide the mandatory information will result in denial of license.** The executive officer of the athletic commission is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the information practices act. Disclosure of your social security number (or federal employer identification number (fein), if you are a partnership, is mandatory. Section 30 of the business and professions code and public law 94-455 (42 usca 405(c) (2) (c)) authorize collection of your social security number. Your social security number or fein will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the family code. If you fail to disclose your social security number or your fein, your application for initial or renewal license will not be processed and you will be reported to the franchise tax board, which may assess a \$100 penalty against you.

I/we certify under penalty of perjury under the laws of the state of California, that all answers have been completed by me/us and are true to the best of my/our knowledge. I/we understand and agree that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license i/we are applying for. I/we hereby agree to keep books, records and accounts, in a business like manner and that said books, records and accounts, including all canceled checks, will be made available to the commission and authorized employees of the commission for their examination.

**Signature(s) and address(es) required:** Sole Proprietor - The real party in interest  
Partnership - All general partners  
Corporation - President/agent for service of process

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Telephone Number: \_\_\_\_\_